



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 19, 2019

Ms. Rosemarie Provetto, Manager
Pillsbury Manor - South
20 Harbor View Road
South Burlington, VT 05403-7850

Dear Ms. Provetto:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 7, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PRINTED: 03/18/2019
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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/07/2019
NAME OF PROVIDER OR SUPPLIER PILLSBURY MANOR - SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 20 HARBOR VIEW ROAD SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site survey was completed on 3/7/19 by the Vermont Division of Licensing and Protection. The purpose of the survey was to investigate a regulatory complaint and to review 2 facility mandated reports. There were no regulatory violations related to the facility mandated reports. The findings in this report are related to the complaint investigation.	R100		
R126 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to assure that each resident's care and services were provided in accordance with the resident's needs related to nursing and medical care needs for 10 of 32 residents in the total sample. (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, and #10). Findings include: 1. a. Per review of resident bowel monitoring logs on 3/7/18, there were 10 residents who had not had a bowel movement documented for 4 or greater days. When the evening shift nurse on duty was interviewed, s/he stated that s/he asks the staff which resident's have not had a bowel movement in 3 or more days; s/he also may	R126	<ol style="list-style-type: none"> Residents will receive necessary services to meet personal, psychosocial, nursing and medical needs. A process has been initiated to ensure complete and accurate documentation of resident's bowel movements. The Charge person will audit bowel motioning documentation completed by care providers daily to ensure competition. Nursing, medication technicians and care providers were educated on Bowel Management policy including accurate documentation, and administration of bowel medication as ordered by the physician Completed by March 22, 2019. The Director of Nursing or designee will monitor for compliance 2x/week x 4 weeks then monthly ongoing. Compliance will be achieved by April 8, 2019. 	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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If continuation sheet 1 of 8

R126 - R178 PDC accepted 4/15/19 mbe/ra/pme

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R126	Continued From page 1 review the bowel monitoring log documentation completed by the care givers each shift. Per review of the bowel logs, there was no documented evidence that nurses implemented the facility's Bowel Management Policy that stated under Procedure: 2. Care givers will document the amount and consistency of the resident's bowel movements. 3. Evening charge nurse will be responsible for initiating the bowel protocol each day. Each shift needs to check the bowel protocol and administer an intervention as described below. 4. If a resident has not had a bowel movement in 3 days: * Evening Charge Nurse will ensure the resident receives an oral bowel intervention, if no results, * Night shift will administer a rectal suppository. If there is no result from the suppository, * Day shift will administer an enema. * If the resident still does not have a bowel movement, update the physician. 5. Documentation in the resident's medical record will denote the plan of action. b. Nursing staff failed to implement the facility's Bowel Management Policy and the care plan for Resident #1 related to the initial days after the resident was re-admitted to the facility from a rehabilitation stay on 11/28/18. Resident #1 was at high risk for constipation related to effects of medical diagnoses and side effects of prescribed medications. The care plan identified this risk and interventions stated to monitor the residents bowel movements. A progress note by the nurse on 12/6/18 at 10:27 AM stated: "Resident has not had a bm since s/he's been back at Pillsbury Manor, no bm charted and resident confirms that she has not..." There were no other progress notes related to monitoring of bowel movements	R126			

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STATE FORM

0099

4DMT11

If continuation sheet 2 of 8

PRINTED: 03/18/2019
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R126	Continued From page 2 for this resident since the re-admission on 11/28/18. The failure of nursing staff to have evidence of implementing the bowel protocols and monitoring each resident's bowel movements posed a potential risk of complications from on-going constipation for at risk residents, including Resident #1. The failure to have documented consistent monitoring of resident bowel movements and implementation of the bowel protocol was confirmed during interview the the Executive Director/Director of Nursing at 4:30 PM on 3/7/19. 2. Per record review and nursing staff interviews, Resident #1 did not receive safety checks from caregivers every hour as stated on the care plan, per surveyor observation and interview with the evening caregiver at 4:45 on 3/6/19. The caregiver confirmed that she had not looked at her evening assignment for 3/6/19 and that she had not checked the resident since arriving to work that shift (3 PM). The resident has a history of falls with significant injuries and was in recovery from a fractured hip, sustained on 10/19/18. 3. Per observation of a transfer of Resident #1 at 1:20 PM on 3/6/19, the caregiver failed to demonstrate correct placement of the gait belt on the resident, failed to lock the scale chair prior to transfer and used improper technique for a stand pivot transfer utilizing a disc transfer device. In addition, there were no specific written instructions available in the resident's room for staff to review. Per review of nursing progress notes since the resident's return after a rehab stay, all nurses stated that the resident required 2 staff to transfer safely. The care plan did not state	R126	<ol style="list-style-type: none"> Residents will receive necessary services to meet personal, psychosocial, nursing and medical needs. A review of residents receiving safety checks has been completed by March 15, 2019. A process has been initiated to ensure complete and accurate documentation for residents receiving safety checks. Nursing and care providers have been educated on safety checks including consistent and accurate documentation. Completed by March 22, 2019. The Charge person will audit safety checks documentation completed by care providers daily to ensure competition. The Director of Nursing or designee will monitor for compliance 2x/week x 4 weeks then monthly ongoing. Compliance will be achieved by April 8, 2019 	

Division of Licensing and Protection
STATE FORM

6800

4DMT11

If continuation sheet 3 of 6

PRINTED: 03/18/2019
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/07/2019
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R126	Continued From page 3 that 2 staff were required and it was not revised to reflect the use of the pivot disc as a transfer aid. During interview with the Nurse Educator and the DNS (Director of Nursing Services) later the same day, each confirmed that there was no documentation of staff training in the proper use and placement of a gait belt, and no training completed for the use of the disc transfer aid for nursing care staff to use for transfers for Resident #1. Based on the observation of the transfer, 2 staff should have been involved for all transfers, based on the resident's limited and variable weight bearing abilities. The observed transfer issues were confirmed during interview with the DNS on the afternoon of 3/7/19. Refer also to R 145.	R126	<ol style="list-style-type: none"> Residents will receive necessary services to meet personal, psychosocial and medical needs. The resident's care plan was reviewed and updated to reflect the resident's transfer needs. At the time of survey, the care ^{provider} proofreader involved was educated on the proper transfer technique. All nursing, medication technicians and care providers are scheduled for mobility/transfer training by physical therapist to be completed by April 11, 2019. The Director of Nursing or designee will monitor for compliance 2x/week x 4 weeks then monthly ongoing. Compliance will be achieved by April 11, 2019 		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, Nursing staff failed to complete a new assessment for 1 applicable resident in the targeted sample who had a decline in physical	R136	<ol style="list-style-type: none"> Resident's #1's assessment was completed and care plan updated on March 18, 2019. All resident assessments were reviewed for accurate assessment dates due. Nursing staff were educated on resident assessment guidelines to ensure accurate and timely assessments and care plans. The Director of Nursing or designee will monitor for compliance monthly and ongoing. Compliance will be achieved by April 11, 2019. 		

Division of Licensing and Protection
STATE FORM

0009

4DMT11

If continuation sheet 4 of 0

PRINTED: 03/18/2019
FORM APPROVED

Division of Licensing and Protection

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R136	Continued From page 4 functioning since their re-admission to the facility during November, 2018. (Resident #1). Findings include: Per record review on 3/6/19, Resident #1 fell during October, 2018 and fractured the left hip, resulting in a rehabilitation stay and return to the facility at the end of November, 2018. Although the resident received on-going Physical Therapy (PT) at the home, the resident's physical functioning declined after the hip fracture and the resident has required 2 staff for transfers since returning to the facility. At the time of the survey, the resident was also utilizing a new transfer aid to assist with transfers. The most recent resident assessment was completed on 3/18/18 and staff failed to complete a new assessment to address the resident's decline in physical functioning post hip fracture. The failure to complete a new resident assessment was confirmed during interview with the DNS on the afternoon of 3/7/19.		R136		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record		R145		

Division of Licensing and Protection
STATE FORM

0099

4DMT11

If continuation sheet 5 of 8

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R145	Continued From page 5 review, nursing staff failed to revise the care plan for 1 applicable resident in the sample to address the resident's current needs related to physical functioning abilities and risk for falls. (Resident #1). Findings include: Per observation of resident care and care plan review, the current care plan was not revised to reflect the resident's current needs regarding safe transfer procedures. The resident has a history of a hip fracture during October, 2018 and the Fall Risk Assessment dated 11/29/18 scored the resident as a high risk for falls. A nursing note of 1/14/19 stated that the resident was found on the bathroom floor at 11:30 AM. The note said that the activities staff usually brought the resident to activities after breakfast everyday, however, activities was canceled that day. Resident #1's care plan, last updated for the fall risk/transfer process on 1/1/19, did not reflect the resident's current needs regarding safe transfers nor the most recent fall of 1/14/19. The nursing progress notes reviewed (from 11/29/18 to the present date) stated that the resident was a 2 person assist for transfers. The current care plan did not specify that 2 staff were required for safe transfers and did not include the use of the pivot disc transfer aid. The failure to update the care plan to reflect the resident's current needs and recent fall was confirmed during interview with the DNS and the Staff educator at 4:30 PM on 3/6/19.	R145	<ol style="list-style-type: none"> 1. Resident #1 care plan has been updated to reflect current physical functioning 2. All residents care plans were reviewed for accurate documentation for mobility and transfers. 3. Nursing staff were educated on resident care plans to ensure resident needs are reflected accurately and timely. 4. The Director of Nursing or designee will monitor for compliance monthly and ongoing. 5. Compliance will be achieved by April 11, 2019. 	
R178 SS=E	V. RESIDENT CARE AND HOME SERVICES	R178		
	5.11 Staff Services			
	5.11.a There shall be sufficient number of qualified personnel available at all times to			

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R178	<p>Continued From page 6</p> <p>provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to assure that there were adequate numbers of staff on duty to meet resident needs at all times of the day for 3 dates during the 44 day period reviewed. This issue had the potential to affect multiple residents of the facility. Findings include:</p> <p>Per review of the staffing levels for each of the 3 shifts per day from 1/22/19 to 3/6/19, there were 3 dates on the day shift that had less than sufficient staff on duty to assure timely care provision to all residents (less than 3 staff per schedule review and interview with the DNS on 3/7/19). Per interviews with care givers from the day shift on 3/6/19 and 3/7/19, there were 5 residents who required 2 staff for mobility/transfer needs. This level of staffing meant that if 2 staff were attending to 1 resident and other residents needed care assistance, the response would be delayed until a staff member was available to attend to other residents. During interviews with residents during the survey, 3 residents stated that there are times when call pendent response times are excessively long (20 - 30 minutes). For residents requiring staff assistance, one anonymous family member interviewed stated that a resident may have to wait as long as 45 minutes for transport to the dining room for their meal, when just 2 caregivers are on duty at that time of day.</p> <p>During interview with the DNS on the afternoon of 3/7/19, s/he confirmed that there were some staffing issues during January and February, and</p>	R178	<ol style="list-style-type: none"> 1. Recruitment and retention practices continue to be of high priority to assist and/or resolve staffing concerns. 2. Review of the schedules from 1/22/19-3/6/19 showed that on 3 shifts there was a total of 3 staff members scheduled accounting for charge person and medication technicians. available to provide and assist with resident care. 3. Staffing has improved since time of survey. 4. The Director of Nursing and designee will monitor staffing patterns based on resident census daily and ongoing. 5. Complacence will be achieved by April 11, 2019 	

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6899

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If continuation sheet 7 of 8

PRINTED: 03/18/2019
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R178	Continued From page 7 that since then, staffing has improved on all shifts.	R178	

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STATE FORM

6899

4DMT11

If continuation sheet 8 of 8